

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31997

State File No. ....

Registrar's No. 154

Registration District No. 383

Primary Registration District No. 3255

1. PLACE OF DEATH:

(a) County Dwight  
(b) City or town St. James, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 116 days  
(Specify whether  
In this community 116 days  
years, months or days)

3. (a) PRINT FULL NAME Roberta Ruth Hardcastle

3. (b) If veteran, name war Mo 3. (c) Social Security No. 493-16-4478

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 20 1921  
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Squires, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Cafe

12. Name of father Joseph D. Hardcastle

13. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Masterson

15. Birthplace Unknown Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Emory Earl Beard Clerk

(b) Address Mo State Sanatorium

17. (a) Renaval (b) Date thereof Sept 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Qua

18. (a) Signature of funeral director Chickling Funeral Home

(b) Address Qua, Mo

19. (a) 9/11/43 (b) Andy C. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Qua  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th  
year 1943 hour 11 minute 50 A.

21. I hereby certify that I attended the deceased from May 16 1943 to Sept 8 1943  
that I last saw her alive on Sept 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tb  
Duration 10 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tb enters  
(Include pregnancy within 3 months of death)

Major findings: Of operations 13 f1

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Stokas (M. D. or other) Dr. Vernon, Mo.  
Address \_\_\_\_\_ Date signed 9/8/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

District File Number 943-1077

Date Filed 9-13-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. B. Hutchins

Licensed Embalmer No. 3431

P. O. Address Quincy, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**